



Maine Revenue Services  
Special Fuel Supplier  
Annual Shrinkage Allowance Computation



\*1112300\*

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Registration No.	Period Begin	Period End	Due Date
<div><div>2. <input type="checkbox"/> <b>OUT OF BUSINESS?</b> Date closed: _____</div><div>3. <input type="checkbox"/> <b>OWNERSHIP OR NAME CHANGE?</b> Date _____ Explanation _____</div><div>4. <input type="checkbox"/> <b>SOLD?</b> Date _____</div></div> <div><b>ADDRESS CHANGE?</b> Make corrections above and check here <input type="checkbox"/> <b>Do Not Use Red Ink!</b></div>			

**Complete Schedules A through C on the back side of this return first.**

Total Receipts (Box "A" from Sch. A)	1.	_____ , _____ , _____	x .0025	1a.	_____ , _____ , _____
Total Transfers (Box "D" from Sch.B)	2.	_____ , _____ , _____	x .0025	2a.	_____ , _____ , _____
Shrinkage per Receipts and Transfers	Total Lines 1a + 2a			3.	_____ , _____ , _____
Maximum Shrinkage Allowance	Line 1 x .005			4.	_____ , _____ , _____
Total Allowable Shrinkage	Enter lesser of Line 3 or Line 4			5.	_____ , _____ , _____
Actual Net Shrinkage (Box "B" minus Box "C" from Sch. A)	Cannot be less than zero			6.	_____ , _____ , _____
Unaccounted Fuel If line 7 is less than zero, enter zero.	Line 6 minus Line 5			7.	_____ , _____ , _____
Additional Excise Tax Due	Line 7 x \$ .312			8.	_____ , _____ , _____ . _____

**This form must be filed even if no additional tax is due**

**Please mail to: Maine Revenue Service, P.O. Box 1065, Augusta, ME 04332-1065**

Signature/Title

Print Name

Date

Phone #

**Sch. A-Receipts**

	Beginning Inventory	Receipts Undyed Fuel	Total Available Gallons	Ending Inventory	Total Accountable Gallons	Total Gallons Sold/Used	Gain/ (Shrinkage)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	(Col 1 plus Col 2)			(Col 3 minus Col 4)		(Col 6 minus Col 5)	
Jan							
Feb							
Mar							
Apr							
May							
June							
July							
Aug							
Sept							
Oct							
Nov							
Dec							

Totals

(A)

To Line 1 on front

(B)

(C)

If Box "C" is greater than or equal to Box "B", there is no shrinkage allowance to compute. Enter zero on line 6 on reverse side.

If Box "B" is greater than Box "C", subtract Box "C" from Box "B" and enter that amount on line 6 on reverse side.

**Sch B-Transfers**

	Vessels	Tank Cars	Full Tank Truck	Total Transfers
(Gallons)	(1)	(2)	(3)	(4)
Jan				
Feb				
Mar				
Apr				
May				
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				
	(D)			To line 2 on reverse side